

# **Best Available Copy**

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SER. NO. 10-523699	FILING DATE				
	CLAIMS											
	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT							
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/						51					
2	/						52					
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44							94					
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46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	6	5					TOTAL IND.	6	5			
TOTAL DEP.	6	5					TOTAL DEP.	6	5			